5896525651

STAR D PRISE

For office use only:

☐ Spanish | ☐ By phone | ☐ Ad hoc visit

☐ update

PRS

Level

Week in level

Patient ID

Date MM / DD / YYYY

Please indicate all symptoms you have experienced in the past week. These symptoms may or may not have been caused by your treatment.

1. GASTROINTESTINAL

1.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Diarrhea
- ☐ Constipation
- ☐ Dry mouth
- ☐ Nausea/vomiting
- ☐ No symptoms in this category

1.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

2. HEART

2.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Palpitation (skipping a beat)
- ☐ Dizziness on standing
- ☐ Chest pain
- ☐ No symptoms in this category

2.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

3. SKIN

3.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Rash
- ☐ Increased perspiration
- ☐ Itching
- ☐ Dry skin
- ☐ No symptoms in this category

3.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

4. NERVOUS SYSTEM

4.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Headache
- ☐ Tremors
- ☐ Poor coordination
- ☐ Dizziness
- ☐ No symptoms in this category

4.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

5. EYES/EARS

5.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Blurred vision
- ☐ Ringing in ears
- ☐ No symptoms in this category

5.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

6. GENITAL/URINARY

6.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Difficulty urinating
- ☐ Painful urination
- ☐ Frequent urination
- ☐ Menstrual irregularity
- ☐ No symptoms in this category

6.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

CRC ID

STAR D PRISE

☐ update

PRS

Level

Week in level

Patient ID

Date / /

7. SLEEP

7.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Difficulty sleeping
- ☐ Sleeping too much
- ☐ No symptoms in this category

7.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

8. SEXUAL FUNCTIONING

8.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Loss of sexual desire
- ☐ Trouble achieving orgasm
- ☐ Trouble with erections
- ☐ No symptoms in this category

8.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing

9. OTHER

9.1 Check **ALL** symptoms that you have experienced during the past week regardless of cause:

- ☐ Anxiety
- ☐ Fatigue
- ☐ Poor concentration
- ☐ Decreased energy
- ☐ General malaise
- ☐ Other _____
- ☐ Restlessness
- ☐ No symptoms in this category

9.2 If you had any symptoms over the last week, how bad was your WORST symptom?

- ☐ Tolerable
- ☐ Distressing